

FOLLOW-UP QUESTIONNAIRE FOR CASES ONLY (PART II)

ID No.				-				
Form Type	S	F	0	1				

General Instructions: Complete this questionnaire for all cases completing two-year follow-up.

I. CASE IDENTIFICATION

1. **Case's initials:** _____

2. **Date of interview:** _____ - _____ - _____
Month
Day
Year

II. MEDICAL HISTORY

I am going to read you a list of health problems. For each problem, please tell me if you have ever had the problem. If you have had the problem, I will ask you to tell me your age when you first got it and whether you still have it. **IF RESPONSE IN COLUMN A IS DON'T KNOW, GO TO NEXT QUESTION.**

	<u>A</u>		<u>Don't Know</u>	<u>B</u> <u>Age?</u>	<u>C</u> <u>Still Have It?</u>		
	<u>Yes</u>	<u>No</u>			<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
3. Asthma	(1)	hltp prb1 (2)	(3)	hp_age 1 _____	(1)	hpsh 1 (2)	(3)
4. Chronic bronchitis	(1)	hltp prb2 (2)	(3)	hp_age 2 _____	(1)	hpsh 2 (2)	(3)
5. Emphysema	(1)	hltp prb3 (2)	(3)	hp_age 3 _____	(1)	hpsh 3 (2)	(3)
6. Sinus trouble	(1)	hltp prb4 (2)	(3)	hp_age 4 _____	(1)	hpsh 4 (2)	(3)
7. Allergies	(1)	hltp prb5 (2)	(3)	hp_age 5 _____	(1)	hpsh 5 (2)	(3)
8. Heart disease	(1)	hltp prb6 (2)	(3)	hp_age 6 _____	(1)	hpsh 6 (2)	(3)
9. High blood pressure	(1)	hltp prb7 (2)	(3)	hp_age 7 _____	(1)	hpsh 7 (2)	(3)
10. Kidney disease	(1)	hltp prb8 (2)	(3)	hp_age 8 _____	(1)	hpsh 8 (2)	(3)
11. Liver disease	(1)	hltp prb9 (2)	(3)	hp_age 9 _____	(1)	hpsh 9 (2)	(3)
12. Arthritis	(1)	hltp prb10 (2)	(3)	hp_age 10 _____	(1)	hpsh 10 (2)	(3)
13. Skin disease	(1)	hltp prb11 (2)	(3)	hp_age 11 _____	(1)	hpsh 11 (2)	(3)
14. Cancer	(1)	hltp prb12 (2)	(3)	hp_age 12 _____	(1)	hpsh 12 (2)	(3)
15. Lupus	(1)	hltp prb13 (2)	(3)	hp_age 13 _____	(1)	hpsh 13 (2)	(3)
16. Diabetes	(1)	hltp prb14 (2)	(3)	hp_age 14 _____	(1)	hpsh 14 (2)	(3)

17. Have you had any other health problems I have not asked you about? Yes (1) No (2) othltprb

IF YES, Please specify all the problems.

- A. _____
B. _____
C. _____
D. _____
E. _____

18. Have you been pregnant at any time in the period since the ACCESS baseline interview? (1) Yes (2) No (3) pregnant Not Applicable

19. Have you been in the hospital as a patient in the period since the ACCESS baseline interview? Yes (1) No (2) pt_hosp

IF YES, ANSWER ITEMS A AND B.
IF NO, GO TO QUESTION 20.

- A. How many times were you a patient in the hospital? _____ admit_no

- B. Please give the following information for each time you were a patient in the hospital:

(1) Month Year	(2) Name of Hospital	(3) Reason
admta_dy _____		
admtb_dy _____		
admte_dy _____		
admtd_dy _____		
admte_dy _____		
admtf_dy _____		

(Obtain signed release permission to obtain records)

20. During the past six weeks have you experienced any of the following?

	None	A Little	Some	Most of the Time	Always	
A. Increased appetite	(1)	(2)	(3)	(4)	(5)	expapp
B. Difficulty sleeping	(1)	(2)	(3)	(4)	(5)	expslp
C. Going to the bathroom more frequently	(1)	(2)	(3)	(4)	(5)	expfrurn
D. Weight gain	(1)	(2)	(3)	(4)	(5)	expwght
E. Swelling	(1)	(2)	(3)	(4)	(5)	expswell
F. Heartburn or stomach pain	(1)	(2)	(3)	(4)	(5)	exphb
G. Feeling "wired" or tense and hyperactive	(1)	(2)	(3)	(4)	(5)	expwierd

21. Have you taken prednisone during the past six weeks?

(1)	(2)	
Yes	No	takepred

III. PERSONAL HISTORY

22. Have you changed your job since your ACCESS baseline interview?

(1)	(2)	
Yes	No	jobchg

IF NO, GO TO QUESTION 23.

A. IF YES, Why?

Sarcoidosis	(1)	reas_chg
Other physical condition	(2)	
Other	(3)	
Specify: _____		

23. Have any of your brothers, sisters, spouse or mate, other relatives or friends or acquaintances been found to have sarcoidosis in the period since your ACCESS baseline interview? When you answer this question, you should think about old and new family members.

(1)	(2)	(3)	
Yes	No	Don't know	famsrc

A. IF YES, Specify: _____

24. Do you have any children? (1) (2) havechld
Yes No

IF YES, ANSWER 24A.

IF NO, GO TO QUESTION 25.

A. Have any of your children been found to have
sarcoidosis in the period since your ACCESS
baseline interview? (1) (2) (3) chd_src
Yes No Don't
know

Smoking and Nicotine Use

25. Have you ever smoked any tobacco product? (1) (2) smokever
Yes No

IF NO, GO TO QUESTION 34.

26. Have you stopped smoking cigarettes in the period since
your ACCESS baseline interview? (1) (2) (3) stp_smo1
Yes No Never
smoked
cigarettes

27. Have you started smoking cigarettes in the period since
your ACCESS baseline interview? (1) (2) sta_smo1
Yes No

28. Have you stopped smoking cigarillos in the period since
your ACCESS baseline interview? (1) (2) (3) stp_smo2
Yes No Never
smoked
cigarillos

29. Have you started smoking cigarillos in the period since
your ACCESS baseline interview? (1) (2) sta_smo2
Yes No

30. Have you stopped smoking cigars in the period since
your ACCESS baseline interview? (1) (2) (3) stp_smo3
Yes No Never
smoked
cigars

31. Have you started smoking cigars in the period since
your ACCESS baseline interview? (1) (2) sta_smo3
Yes No

32. Have you stopped smoking a pipe in the period since
your ACCESS baseline interview? (1) (2) (3) stp_smo4
Yes No Never
smoked a
pipe

33. Have you started smoking a pipe in the period since your ACCESS baseline interview? (1) (2) **sta_sm04**
Yes No
34. Do you spend more than three hours a week in rooms filled with smoke from other smokers? (1) (2) **othsmok**
Yes No

IV. INCOME

GIVE THE PARTICIPANT CARDS I AND J NOW.

Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.

35. Was your total combined FAMILY income during the past 12 months more or less than \$20,000 -- that is, yours as well as that of all the members of your household, including Armed Forces members living at home? Include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income received. **CHECK ONLY ONE.** (1) (2) **income**
\$20,000 or more Less than \$20,000
(Card I) (Card J)
36. Of these income groups, which number from the cards best represents your total combined FAMILY income during the past 12 months. Include wages, salaries, and other items we just talked about. **WRITE THE NUMBER IN THE BLANKS.** **incomtot**

V. ADMINISTRATIVE MATTERS

37. Interviewer:
A. Signature: _____
B. ACCESS Staff No.: _____ - _____
38. Research Coordinator:
A. Signature: _____
B. ACCESS Staff No.: _____ - _____
39. Date form completed: _____ - _____ - _____
Month Day Year

FORM 36
Follow-up Questionnaire for Cases Only (Part II)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
	REV	I (1)	Form revision
	newid	F (5.1)	Patient ID
3a	HLTPRB1	I (1)	Hx of asthma 1=Yes 2=No or Don't Know
3b	HP_AGE1	I (3)	Age at asthma
3c	HPSH1	I (1)	Still have asthma 1=Yes 2=No or Don't Know
4a	HLTPRB2	I (1)	Hx of chronic bronchitis 1=Yes 2=No or Don't Know
4b	HP_AGE2	I (3)	Age at chronic bronchitis
4c	HPSH2	I (1)	Still have chronic bronchitis 1=Yes 2=No or Don't Know
5a	HLTPRB3	I (1)	Hx of emphysema X=Censored
5b	HP_AGE3	I (3)	Age at emphysema X=Censored
5c	HPSH3	I (1)	Still have emphysema X=Censored
6a	HLTPRB4	I (1)	Hx of sinus trouble 1=Yes 2=No or Don't Know
6b	HP_AGE4	I (3)	Age at sinus trouble
6c	HPSH4	I (1)	Still have sinus trouble 1=Yes 2=No or Don't Know
7a	HLTPRB5	I (1)	Hx of allergies 1=Yes 2=No or Don't Know
7b	HP_AGE5	I (3)	Age at allergies
7c	HPSH5	I (1)	Still have allergies 1=Yes 2=No or Don't Know
8a	HLTPRB6	I (1)	Hx of heart disease 1=Yes 2=No or Don't Know
8b	HP_AGE6	I (3)	Age at heart disease
8c	HPSH6	I (1)	Still have heart disease X=Censored

FORM 36
Follow-up Questionnaire for Cases Only (Part II)
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
9a	HLTPRB7	I (1)	Hx of high blood pressure 1=Yes 2=No or Don't Know
9b	HP_AGE7	I (3)	Age at high blood pressure
9c	HPSH7	I (1)	Still have high blood pressure 1=Yes 2=No or Don't Know
10a	HLTPRB8	I (1)	Hx of kidney disease 1=Yes 2=No or Don't Know
10b	HP_AGE8	I (3)	Age at kidney disease X=Censored
10c	HPSH8	I (1)	Still have kidney disease X=Censored
11a	HLTPRB9	I (1)	Hx of liver disease 1=Yes 2=No or Don't Know
11b	HP_AGE9	I (3)	Age at liver disease X=Censored
11c	HPSH9	I (1)	Still have liver disease X=Censored
12a	HLTPRB10	I (1)	Hx of arthritis 1=Yes 2=No or Don't Know
12b	HP_AGE10	I (3)	Age at arthritis
12c	HPSH10	I (1)	Still have arthritis 1=Yes 2=No or Don't Know
13a	HLTPRB11	I (1)	Hx of skin disease 1=Yes 2=No or Don't Know
13b	HP_AGE11	I (3)	Age at skin disease
13c	HPSH11	I (1)	Still have skin disease 1=Yes 2=No or Don't Know
14a	HLTPRB12	I (1)	Hx of cancer 1=Yes 2=No or Don't Know
14b	HP_AGE12	I (3)	Age at cancer X=Censored
14c	HPSH12	I (1)	Still have cancer X=Censored

FORM 36
Follow-up Questionnaire for Cases Only (Part II)
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
15a	HLTPRB13	I (1)	Hx of lupus X=Censored
15b	HP_AGE13	I (3)	Age at lupus X=Censored
15c	HPSH13	I (1)	Still have lupus X=Censored
16a	HLTPRB14	I (1)	Hx of diabetes 1=Yes 2=No or Don't Know
16b	HP_AGE14	I (3)	Age at diabetes 1= <40 2= >=40
16c	HPSH14	I (1)	Still have diabetes X=Censored
17	OTHLTPRB	I (1)	Other health problems 1=Yes 2=No
18	PREGNANT	I (1)	Pregnant since ACCESS baseline 1=Yes 2=No 3=Not applicable
19 *	PT_HOSP	I (1)	Hospitalized since baseline 1=Yes 2=No
19a	ADMIT_NO	I (3)	How many hospitalizations
19b1	ADMTA_DY	I (4)	Days from enrollment to hospitalization A
19b1	ADMTB_DY	I (4)	Days from enrollment to hospitalization B
19b1	ADMTC_DY	I (4)	Days from enrollment to hospitalization C
19b1	ADMTD_DY	I (4)	Days from enrollment to hospitalization D
19b1	ADMTE_DY	I (4)	Days from enrollment to hospitalization E
19b1	ADMTF_DY	I (4)	Days from enrollment to hospitalization F

* Refer to the form for skip pattern for this item.

FORM 36
Follow-up Questionnaire for Cases Only (Part II)
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
20a	EXPAPP	I (1)	Increased appetite 1=None 2=A Little 3=Some 4=Most of the time 5=Always
20b	EXPSLP	I (1)	Difficulty sleeping 1=None 2=A Little 3=Some 4=Most of the time 5=Always
20c	EXPFRURN	I (1)	Go to bathroom more frequently 1=None 2=A Little 3=Some 4=Most of the time 5=Always
20d	EXPWGHT	I (1)	Weight gain 1=None 2=A Little 3=Some 4=Most of the time 5=Always
20e	EXPSWELL	I (1)	Swelling 1=None 2=A Little 3=Some 4=Most of the time 5=Always
20f	EXPHB	I (1)	Hearburn or stomach pain 1=None 2=A Little 3=Some 4=Most of the time 5=Always
20g	EXPWIERD	I (1)	Feeling wired/tense/hyperactive 1=None 2=A Little 3=Some 4=Most of the time 5=Always
21	TAKEPRED	I (1)	Prednisone in past 6 wks 1=Yes 2=No
22 *	JOBCHG	I (1)	Change job since baseline 1=Yes 2=No
22a	REAS_CHG	I (1)	Why changed job 1=Sarcoidosis 2=Other physical condition 3=Other
23	FAMSRC	I (1)	Family affected since baseline 1=Yes 2=No 3=Don't Know
24 *	HAVECHLD	I (1)	Have children 1=Yes 2=No
24a	CHD_SRC	I (1)	Children affected since BL 1=Yes 2=No 3=Don't Know

* Refer to the form for skip pattern for this item.

FORM 36
Follow-up Questionnaire for Cases Only (Part II)
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
25 *	SMOKEVER	I (1)	Ever smoked tobacco 1=Yes 2=No
26	STP_SMO1	I (1)	Stopped cigarettes since BL 1=Yes 2=No 3=Never smoked cigarettes
27	STA_SMO1	I (1)	Started cigarettes since BL 1=Yes 2=No
28	STP_SMO2	I (1)	Stopped cigarillos since BL X=Censored
29	STA_SMO2	I (1)	Started cigarillos since BL X=Censored
30	STP_SMO3	I (1)	Stopped cigars since baseline X=Censored
31	STA_SMO3	I (1)	Started cigars since baseline X=Censored
32	STP_SMO4	I (1)	Stopped pipes since baseline 1=Yes 2=No 3=Never smoked a pipe
33	STA_SMO4	I (1)	Started pipes since baseline 1=Yes 2=No
34	OTHSMOK	I (1)	>3 hrs week in smoky rooms 1=Yes 2=No
35	INCOME	I (1)	Income 1=\$20,000 or more 2=Less than \$20,000
36	INCOMTOT	I (3)	Income category 1=Less than 20,000 2=20,000 - 49,999 3=50,000 and over

* Refer to the form for skip pattern for this item.